

**LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT (LLCHD)
CHILD CARE CONNECTION**

**3140 N Street
Lincoln Nebraska 68510 (402) 441-8026**

APPLICATION FOR CITY PERMIT FOR A SMALL FAMILY CHILD CARE HOME

CHILD CARE FACILITY: The term Child Care Facility shall mean any place, home or institution where 2 or 3 children from more than one family, under the age of thirteen years, are received and cared for during some portion of a day or night for payment or consideration, and where such children do not have their place of abode and are not related to the owner or operator of said place by blood, marriage, or adoption.

APPLICANT'S NAME _____
(Last) (First) (Middle or Maiden)

ADDRESS: _____
(ZIP) (Phone)

LIST ALL PERSONS LIVING IN YOUR HOME, INCLUDING YOURSELF.

FULL NAME	BIRTHDATE	APPLICANT (SELF) RELATIONSHIP

AGE RANGE OF CHILDREN YOU WILL ACCEPT from _____ to _____
(Youngest age) (Oldest age)

HOURS OF CARE _____ a.m. to _____ p.m. OR _____ p.m. to _____ a.m.

CHILD CARE PROVIDED _____ Sun _____ Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat

In making this application, I state that:

- | | |
|--|--|
| <input type="checkbox"/> True <input type="checkbox"/> False | 1. I have read and understood the Rules and Regulations for opening a Small Family Child Care Home and will comply with them. |
| <input type="checkbox"/> True <input type="checkbox"/> False | 2. I give LLCHD permission to contact those individuals I give as references and to make the necessary inspections of my home to determine my conformity to the rules. |
| <input type="checkbox"/> True <input type="checkbox"/> False | 3. I understand that any complaints about my Small Family Child Care will be investigated by a representative of LLCHD. |
| <input type="checkbox"/> True <input type="checkbox"/> False | 4. I have shared the necessary health information requested. |
| <input type="checkbox"/> True <input type="checkbox"/> False | 5. Neither I, nor any household member, has a history of behavior injurious to or which may endanger the health and morals of children. |
| <input type="checkbox"/> True <input type="checkbox"/> False | 6. I will not knowingly allow any person who has been convicted of, admitted to, or against whom there is substantial evidence of crimes involving intentional bodily harm to another person, crimes against children, crimes involving the illegal use of a controlled substance, or crimes involving moral turpitude to be upon the premises during hours of child care operation. |
| <input type="checkbox"/> True <input type="checkbox"/> False | 7. I give LLCHD permission to review pertinent law enforcement material relating to arrests or convictions for myself, my substitutes, or anyone regularly in the home. |
| <input type="checkbox"/> True <input type="checkbox"/> False | 8. I have completed the felony/misdemeanor statement and all information is correct to the best of my knowledge. |

SIGN HERE: _____
Signature of Applicant

_____/_____/_____
Date